Application or Docket Number

| | Effective October 1, 2001 OA010411 | | | | | | | | | | | | | |
|--|---|---|--------------|--------------------|---------------------------------|------------------|----------|-------------------|---------|------------------------|---------------|----------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | | OTHER THAN OR SMALL ENTITY | | |
| TOTAL CLAIMS | | | 27 | | | | | RATE | | FEE |] | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC F | FEE | 370.00 | OR | BASIC FEE | 740.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 2η minus 20= | | * 7 | | | X\$ 9 | = | | OR | X\$18= | 126 | |
| INDEPENDENT CLAIMS | | | minus 3 = | | * 6 | | | X42= | = | | OR | X84= | 504 | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +140 | _ | | OR | +280= | - | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTA | | | OR | L | 1370 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | | OTHER | THAN | |
| | | (Column 1) | | | mn 2) HEST | (Column 3) |) | SMAI | LL E | ENTITY | OR | SMALL | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST MBER IOUSLY D FOR | PRESENT EXTRA | | RATI | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| MON | -Total | | Minus | ** | | |] | X\$ 9 |)= | | ŌŖ | X\$18= | | |
| \ME! | Independent | * | Minus | *** | | = | | X42 | = | • ; | OR | X84= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDEN | | | IT CLAIM | | L | +140 |)= | | OR | | | | |
| | | | | | | | | TO | TAL | | OR | TOTAL | | |
| | (Column 1) (Column 2) (Column 3 | | | | | | | ADDIT. F | FEE | | ۱۰,, | ADDIT. FEE | | |
| RENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIG NUM PREV | HEST MBER YOUSLY D FOR | PRESENT EXTRA | | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Š | Total | * | Minus | ** | | = | | X\$ 9 |)= | | OR | X\$18= | | |
| AME | Independent | * | Minus | *** | | = | _ | X42 | = | | OR | X84= | 1 | |
| الم | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140 |)= | | OR | | | |
| | | | | | | | | TO | TAL | <u> </u> | OR | TOTAL | | |
| | | (Column 1) | | (Col· | umn 2) | (Column 3 | :) | ADDIT. F | FEE | | 」 ~' ' | ADDIT. FEE | | |
| ြ | | CLAIMS REMAINING | | HIG NUI | HEST MBER | PRESENT | 1 | <u> </u> | | ADDI- | 1 | D. 275 | ADDI- | |
| ENT | | AFTER AMENDMENT | | | /IOUSLY D FOR | EXTRA | | RAT | | TIONAL FEE | | RATE | TIONAL FEE | |
| AMENDMENT C | Total | * | Minus | ** | | = | _ | X\$ 9 |)= _ | | OR | X\$18= | | |
| AME | Independent | * | Minus | *** | IT CLASS | = | 4 | X42 | = | | OR | X84= | | |
| ╟ | FIRST PRESE | NTATION OF M | IULIIPLE DE | LEINDF) | VI CLAIM | | _ | +140 |)= | | OR | | | |
| | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | TAL | | OR | TOTAL | | |

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^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE ADDIT. FEE ADDIT.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.